CARAMBA SOCCER CAMP APPLICATION 2018

NAME:				DATE	OF BIRTH:	/ /
NAME: First		Middle	Last			
ADDRESS: _						
	Stree			City	State	Zip
GENDER:	M	F	EMAIL: _			
SCHOOL & C	GRADE	(Fall '18):		PHONE	Σ	
SHIRT SIZE:	YL	AS _	AM	ALAXL		
		FIELD PL	AYER or G	OALKEEPER	R SCHOOL	
Circle one:	<u>EVENII</u>	NG / FULL	DAY (Mon	- Fri)		
NASHUA	A – Mine	e Falls Field	ls	RAYM	OND – Cammett Fi	elds
(9 to 3pm) July	9 - July	13 [1st-8th	grade]	(5 to 8:00pm)	July 30 – Aug 2 [1s	t-8th grade]
CONCO	RD – St	. Paul's Sch	iool	CHIC	CHESTER – Carper	nter Fields
					July 30 – Aug 3 [1	
		ne Falls Fiel			C ORD – Center Poi	
$\overline{(9 \text{ to } 3:00\text{pm})}$ A	Aug 6 – .	Aug 10 [1 st -	-8 th grade]		Aug 6 – Aug 9 [1st	
				grade] High S School Pre-S	School and Elemen eason.	tary/Middle
	N	Jew: GOAI	LKEEPING	SCHOOL at 0	CARAMBA:	
					ool will be provided	as a Full Day
Camp or Eveni	•		•			
Concord	– St. Pa	ul's School	I, July 23-27	Conco	rd – Center Point	Fields, Aug 6-9
		AI	PPLICATION	DEADLINES		

JULY 4, 2018 for all sites

Due to LIMITED SPACE, a \$100.00 NON-REFUNDABLE deposit is due with this application. A late fee of \$10.00 will apply to ALL applications RECEIVED after the deadline. Any application received after the deadline date will be accepted on a space available basis only.

PLEASE FORWARD THIS APPLICATION AND DEPOSIT TO:

¡Carámba! Soccer Skills Camp 325 Pleasant Street, Concord, NH 03301 (603) 496-3579

Players that attend as a team (at least 10 players) will receive soccer equipment for the team **Incoming freshmen can ONLY attend High School team week in Concord**

COST OF PARTICIPATION

The cost of a FULL DAY participation is \$215.00 per week. This includes a t-shirt, insurance and a camp souvenir. If there is more than one participant per family that will be attending, the first child will pay \$215.00, the second child \$210.00, the third \$205.00, etc.

Players that choose to attend more than one week of camp will pay \$215.00 for the first week and \$200.00 for each additional week attended. (Chichester residents \$175.00). The cost of the EVENING programs is \$135.00 per player. The fee of \$135.00 will also apply to the HS Pre-season Program.

CARAMBA SKILLS CAMP

To enable the Staff of Cáramba Skills Camp and the Health Facilities in the area of the camp location to provide prompt care for your minor son or daughter, we must have a new completed Consent Form on file each year. This way, we can help your child without delay in an emergency.

Name of Minor: Address:	Date of I	Birth:
	DO NOT O	MIT THIS INFORMATION:
Insurance Company: _		
Policy # or Group #: _		
Social Security # (if u	sed by insurance company):	
Medical Information		
Allergies:		
Medication presently	taking:	
Date of Last Tetanus:	C	ful in the event that treatment is
		ful in the event that treatment is
Emergency Numbers	S:	
Parent home:	Parent work: Parent #2 cel	
Parent #1 cellular:	Parent #2 cel	llular:
A phone number to ca	Il if parents cannot be reache	ed: Phone:
Name:	Relationship:	Phone:
hereby give my conse	nt to such treatment deemed in to by a licensed physician, i	notify me by telephone. In the event that I cannot be reached, I necessary (including surgery, X-ray examinations and anesthesia to nurse).
carries with it the pote Recognizing the possi accepting the registrar indemnify Caramba S owners of fields and fa characterized, by or of undersigned registrant	nt or legal guardian and player ential risk of injury, and as subility of physical injury associated for its soccer programs and kills Camp, its directors, coad acilities utilized for the Program behalf of the registrant resut, his or her parents or legal g	er hereby acknowledges that the game of soccer and its competition ich the undersigned hereby assumes the risk of such possible injury. ciated with soccer and in consideration for Caramba Skills Camp d activities (the "Programs"), I hereby release, discharge and/or ches, sponsors, employees and associated personnel, including the rams, against any claim, loss, damage or other disability, however alting from injury or damage to the person or property of the guardians, assigns or heirs, as a result of the registrant's participation, a transported to or from the same, with transportation I hereby
I,(Full name of parent o	, declare guardian) (circle correct titl	that I am the Father/Mother/Guardian of the above named minor. le)
Signature of Parent or	Guardian Date	Camp Location:
How did you find outWord of Mouth	*	chureField House SportsOther: